



State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

April 1, 2005

N.L: 05-0405

Index: Benefits

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS AND MEDICAL CONSULTANTS, CHILD HEALTH
AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS AND
DEPUTY DIRECTORS, AND STATE CHILDREN'S MEDICAL SERVICES
(CMS) STAFF

SUBJECT: AUTHORIZATION OF DIAGNOSTIC SERVICES FOR INFANTS
REFERRED BY THE CALIFORNIA NEWBORN SCREENING PROGRAM

I. Background

The California Newborn Screening Program currently screens more than 500,000 newborns annually for phenylketonuria (PKU), galactosemia, primary congenital hypothyroidism, and hemoglobinopathies including sickle cell disease. All the conditions for which the California Newborn Screening Program screens are CCS-eligible. Over 99 percent of the babies born in California are tested. Through this mandatory screening program, about 500 newborns with these disorders are identified and treated every year. When these disorders are diagnosed late or left undiagnosed, serious disabilities and even death can result.

Annually, we estimate that approximately 75 referrals are made to metabolic centers (PKU & galactosemia), 175 to sickle cell disease/hematology centers, and 700 to endocrine centers for diagnostic evaluations throughout the state.

II. Policy

- A. CCS shall issue an authorization to a CCS-approved Special Care Center (SCC) to perform a diagnostic evaluation on **ALL** infants referred by the California Newborn Screening Program. The California Newborn Screening Program staff will identify the SCC to which the infant will be referred. The SCC may be metabolic, endocrine, sickle cell or hematology depending on the screening result.

- B. These authorizations shall be issued within five working days of receipt of the referral.
- C. Issuance of this authorization for diagnostic services shall be done upon receipt of a CCS Request for Service form and a signed CCS application. Authorizations shall be issued without a signed CCS application for infants who have full scope no share of cost Medi-Cal or who are Healthy Families subscribers.
- D. The CCS \$20 assessment fee is to be waived for these services.

III. Policy Implementation

- A. Authorizations shall include the following information:

Claims for services provided to children with other third-party coverage must be submitted to the insurance carrier or health maintenance organization prior to billing either the CCS or Medi-Cal program for the services. A denial of payment from the third-party payer must accompany the claim.
- B. For infants whose diagnostic evaluation confirms the presence of a metabolic, endocrine or hematologic disorder, the CCS program shall initiate the steps to determine eligibility for ongoing treatment services.
 - 1. Authorizations for treatment services shall be issued to CCS approved Metabolic, Endocrine, Sickle Cell or Hematology SCCs for infants who have full scope, no share of cost Medi-Cal.
 - 2. Families of other infants must complete program eligibility requirements prior to the issuance of treatment authorizations.

On or before August 1, 2005, the California Newborn Screening Program will be expanded to include congenital adrenal hyperplasia and a large number of inborn errors of metabolism. A subsequent numbered letter will address these conditions and provide direction for authorizations.

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If you have any questions regarding the above policy, please contact your Regional Office Medical Consultant.

Original Signed by Marian Dalsey, M.D., M.P.H.

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Enclosure